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**UTILITY PATENT APPLICATION TRANSMITTAL**  
**(Only for new nonprovisional applications under 37 CFR 1.53(b))**

Docket No. : 51533/MEG/E303  
Inventor(s) : Jan O. Solem, Per Ola Kimblad, Syndeon Ab  
Title : METHOD AND DEVICE FOR TREATMENT OF MITRAL  
INSUFFICIENCY  
Express Mail Label No. : EV 327878943 US

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**ADDRESS TO:** Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

November 13, 2003



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1.   X   **FEE TRANSMITTAL FORM** *(Submit an original, and a duplicate for fee processing).*

2. **IF A CONTINUING APPLICATION**

  X   This application is a continuation of patent application No. 09/775,677.

Prior application information: Examiner Urmi Chattopadhyay; Group Art Unit: 3738.

       This application claims the benefit of Provisional Application No. pursuant to 35 U.S.C. §119(e) and 37 CFR §1.78(a)(4).

3. **APPLICATION COMPRISED OF**

**Specification**

  33   Specification, claims and Abstract (total pages)

**Drawings**

   7    Sheets of formal drawing(s) (FIGS. 1 to 20)

**Declaration and Power of Attorney**

       Newly executed

       Unexecuted declaration

  X   Copy from a prior application (37 CFR 1.63(d))(for continuation and divisional)

4.        **Microfiche Computer Program** *(Appendix)*

5.        **Nucleotide and/or Amino Acid Sequence Submission** *(if applicable, all necessary)*

       Computer Readable Copy

       Paper Copy (identical to computer copy)

       Statement verifying identity of above copies

6. **APPLICANT(S) STATUS UNDER 37 CFR §1.27**

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\_\_\_\_\_ Applicant(s) and any others associated with it/them under §1.27(a) are a SMALL ENTITY

**7. ALSO ENCLOSED ARE**

\_\_\_\_\_ Request and Certificate under 35 U.S.C. §122(b)(2)(B)(i) **Request for Non-Publication**  
  X   Preliminary Amendment  
        X   Includes "Cross-Reference to Related Applications"  
\_\_\_\_\_ A Petition for Extension of Time for the parent application and the required fee are enclosed  
\_\_\_\_\_ An Assignment of the invention with the Recordation Cover Sheet and the recordation fee are enclosed  
\_\_\_\_\_ This application is owned by \_\_\_\_\_ pursuant to an Assignment recorded at Reel , Frame  
\_\_\_\_\_ Information Disclosure Statement (IDS)/PTO/SB/08A/B  
      \_\_\_\_\_ Copies of IDS Citations  
\_\_\_\_\_ Certified copy of Priority Document(s) (*if foreign priority is claimed*)  
\_\_\_\_\_ English Translation Document (*if applicable*)  
  X   Return Receipt Postcard (MPEP 503) (should be specifically itemized).  
\_\_\_\_\_ Other:

**8. CORRESPONDENCE ADDRESS**

**CHRISTIE, PARKER & HALE, LLP, P.O. BOX 7068, PASADENA, CA 91109-7068**  
**Customer Number: 23363**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By Mark Garscia  
Mark Garscia  
Reg. No. 31,953  
626/795-9900

**FEE TRANSMITTAL  
UTILITY PATENT APPLICATION**

**DATE: November 13, 2003**

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Inventor(s) : Jan Otto Solem, Per Ola Kimblad, Syndeon Ab  
Title : METHOD AND DEVICE FOR TREATMENT OF MITRAL  
INSUFFICIENCY

Duplicate     

**FEE DETERMINATION**

CLAIMS AS FILED					
	NUMBER FILED	NUMBER EXTRA	SMALL ENTITY RATE	LARGE ENTITY RATE	FEE
TOTAL CLAIMS	25 - 20	= 5	0 x \$9.00	5 x \$18.00	\$ 90.00
INDEPENDENT CLAIMS	3 - 3	= 0	0 x \$43.00	0 x \$86.00	0.00
MULTIPLE-DEPENDENT CLAIMS FEE			\$145.00	\$290.00	0.00
BASIC FEE			\$385.00	\$770.00	\$770.00
TOTAL FILING FEE					\$860.00
List Independent Claims: 1, 15, 18					

**METHOD OF PAYMENT**

  X   Payment Enclosed: Check for \$860.00.

  X   The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required during the **entire pendency** of the application to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By Mark Garscia  
Mark Garscia  
Reg. No. 31,953  
626/795-9900

MEG/llk